

SAVINGS



2027

BONCLASSIC

WHAT YOU PAY

	MAIN MEMBER	R9 078
	ADULT DEPENDANT	R7 792
	CHILD DEPENDANT	R2 241

BONCLASSIC USES A LIST OF **SPECIFIC PRIVATE HOSPITALS** AND LINKED FORMULARY OF CHRONIC MEDICATION.

YOU ONLY PAY FOR A MAXIMUM OF THREE CHILDREN. DEPENDANTS UP TO AGE 24 YEARS PAY CHILD RATES.

OUT-OF-HOSPITAL BENEFITS

These benefits provide cover for consultations with your GP or specialist, acute medicine, X-rays, blood tests and other out-of-hospital medical expenses. Remember to complete all your required actions to unlock the full potential of your Benefit Booster. See page 7 for more information.

SAVINGS		MAIN MEMBER		ADULT DEPENDANT		CHILD DEPENDANT	
		R16 344		R14 028		R4 032	
GP CONSULTATIONS (INCLUDING VIRTUAL CARE CONSULTATIONS)		Paid from available savings					
SPECIALIST CONSULTATIONS		Paid from available savings		You must get a referral from your GP			
EMERGENCY ROOM BENEFIT (FOR EMERGENCIES ONLY)		2 emergency consultations per family at a casualty ward or emergency room facility of a hospital		If it is not classified as an emergency, it will be paid from available savings			
NON-SURGICAL PROCEDURES		Paid from available savings					
ACUTE MEDICINE		Paid from available savings					
OVER-THE-COUNTER MEDICINE		Paid from available savings					
HOMEOPATHIC MEDICINE		Paid from available savings					
ALLIED MEDICAL PROFESSIONALS (SUCH AS DIETICIAN, SPEECH AND OCCUPATIONAL THERAPIST)		Paid from available savings					
PHYSIOTHERAPY, PODIATRY AND BIOKINETICS		Paid from available savings					
BLOOD TESTS AND X-RAYS		Paid from available savings					
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)		R39 430 per family, in and out-of-hospital		Pre-authorisation required			
		R2 920 co-payment per scan event except for PMB					
GENERAL MEDICAL APPLIANCES (SUCH AS WHEELCHAIRS AND CRUTCHES)		Paid from available savings		Subject to frequency limits as per Managed Care protocols			
INSULIN PUMP & CONTINUOUS GLUCOSE MONITOR & CONSUMABLES (PER TYPE 1 DIABETIC YOUNGER THAN 18. ALSO SEE CARE PROGRAMMES PAGE 10)		1 insulin pump: R67 800 per family every 5 years		1 continuous glucose monitor: R29 200 per family every year			
		Consumables limited to R97 000 per family					
BLOOD PRESSURE MONITOR		Paid from available savings		Limited to R1 300 per family every 2 years			
		Subject to registration of your chronic condition (hypertension)		Subject to Managed Care protocols			

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MENTAL HEALTH CONSULTATIONS (ALSO SEE CARE PROGRAMMES PAGE 11)	In and out-of-hospital consultations (included in the mental health hospitalisation benefit)		Limited to R21 180 per family	
IN-ROOM PROCEDURES (MANAGED CARE PROTOCOLS APPLY)	Cover for a defined list of approved procedures performed in the doctor's room		Pre-authorisation required	
AUDIOLOGY (HEARING AIDS, CONSULTATIONS AND TESTS) (ALSO SEE CARE PROGRAMMES PAGE 10)	Maximum two devices per beneficiary, once every 3 years, based on the date of your previous claim		Avoid a 25% co-payment by using a DSP and formulary	
	All tests and consultations limited to the Hearing Loss Management Programme and use of a network provider		Claims outside the Hearing Loss Management Programme are paid from available savings	
OPTOMETRY	Once every 2 years (based on the date of your previous claim)		Each beneficiary can choose glasses	OR contact lenses
EYE TESTS	1 consultation per beneficiary, at a network provider	OR	R433 per beneficiary for an eye examination, at a non-network provider	
SINGLE VISION LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R230 per lens, per beneficiary, out of network	
BIFOCAL LENSES (CLEAR) OR	100% towards the cost of lenses at network rates		R502 per lens, per beneficiary, out of network	
MULTIFOCAL LENSES	100% towards the cost of base lenses at a network provider, or limited to a maximum of R930 per designer lens, per beneficiary, in and out of network			
FRAMES	R1 473 per beneficiary at a network provider	OR	R1 105 per beneficiary at a non-network provider	
CONTACT LENSES	R2 255 per beneficiary			
BASIC DENTISTRY	R6 680 per family, per year		Covered at the Bonitas Dental Tariff	
CONSULTATIONS	2 annual check-ups per beneficiary (once every 6 months)			
X-RAYS: INTRA-ORAL	Managed Care protocols apply			
X-RAYS: EXTRA-ORAL	1 per beneficiary, every 3 years			
PREVENTATIVE CARE	2 annual scale and polish treatments per beneficiary (once every 6 months)		Fissure sealants are only covered for children under 16 years	
	Fluoride treatments are only covered for children from age 5 and younger than 16 years			
FILLINGS	Benefit for fillings is granted once per tooth, every 3 years		Benefit for re-treatment of a tooth is subject to Managed Care protocols	
	A treatment plan and X-rays may be required for multiple fillings			
ROOT CANAL THERAPY AND EXTRACTIONS	Managed Care protocols apply			
PLASTIC DENTURES AND ASSOCIATED LABORATORY COSTS	1 set of plastic dentures (an upper and a lower) per beneficiary, once every 4 years		Managed Care protocols apply	
	Pre-authorisation required			

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SPECIALISED DENTISTRY	R8 040 per family, per year	Covered at the Bonitas Dental Tariff
PARTIAL CHROME COBALT FRAME DENTURES AND ASSOCIATED LABORATORY COSTS	2 partial metal frames (an upper and a lower) per beneficiary, once every 5 years	Managed Care protocols apply
	Pre-authorisation required	
CROWNS, BRIDGES AND ASSOCIATED LABORATORY COSTS	1 crown per family, per year	Benefit for crowns will be granted once per tooth, every 5 years
	A treatment plan and X-rays may be requested	Pre-authorisation required
ORTHODONTICS AND ASSOCIATED LABORATORY COSTS	Orthodontic treatment is granted once per beneficiary, per lifetime	Pre-authorisation cases will be clinically assessed by using an orthodontic needs analysis
	Benefit allocation is subject to the outcome of the needs analysis and funding can be granted up to 100% of the Bonitas Dental Tariff	Benefit for orthodontic treatment will be granted where function is impaired (not granted for cosmetic reasons)
	Only 1 family member may begin orthodontic treatment in a calendar year	Benefit for fixed comprehensive treatment is limited to beneficiaries from age 9 and younger than 18 years
	Managed Care protocols apply	Pre-authorisation required
PERIODONTICS	Benefit is limited to conservative, non-surgical therapy only and will only be applied to members who are registered on the Periodontal Programme	Managed Care protocols apply
	Pre-authorisation required	
MAXILLO-FACIAL SURGERY AND ORAL PATHOLOGY		
SURGERY IN THE DENTAL CHAIR	Managed Care protocols apply	Pre-authorisation required
HOSPITALISATION (GENERAL ANAESTHETIC)	A co-payment of R3 800 per hospital admission applies for children under the age of 5 and R5 420 for any other admission, including removal of impacted teeth or any other medical condition OR A R2 710 co-payment if the dental treatment is done in a day hospital	General anaesthetic is available to children under the age of 5 for extensive dental treatment
	Avoid a 30% co-payment by using a hospital on the applicable network	General anaesthetic benefit is available for the removal of impacted teeth
	Pre-authorisation required	Managed Care protocols apply
INHALATION SEDATION IN DENTAL ROOMS (LAUGHING GAS)	Managed Care protocols apply	
MODERATE/DEEP SEDATION IN DENTAL ROOMS (IV CONSCIOUS SEDATION)	Limited to extensive dental treatment	Managed Care protocols apply
	Pre-authorisation required	

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CHRONIC BENEFITS

BonClassic offers cover for the **46** chronic conditions listed below, limited to **R16 030** per beneficiary and **R33 140** per family on the applicable formulary. You must get your medicine from a Bonitas Network Pharmacy or DSP. If you choose not to use a network pharmacy or DSP, or if you choose to use medicine that is not on the formulary, you will have to pay a 30% co-payment. Once the amount above is finished, you will still be covered for the **27** Prescribed Minimum Benefits, listed below.

Pre-authorisation is required.

PRESCRIBED MINIMUM BENEFITS COVERED

1.	Addison's Disease
2.	Asthma
3.	Bipolar Mood Disorder
4.	Bronchiectasis
5.	Cardiac Failure
6.	Cardiomyopathy
7.	Chronic Obstructive Pulmonary Disease
8.	Chronic Renal Disease
9.	Coronary Artery Disease

10.	Crohn's Disease
11.	Diabetes Insipidus
12.	Diabetes Type 1
13.	Diabetes Type 2
14.	Dysrhythmias
15.	Epilepsy
16.	Glaucoma
17.	Haemophilia
18.	HIV/AIDS

19.	Hyperlipidaemia
20.	Hypertension
21.	Hypothyroidism
22.	Multiple Sclerosis
23.	Parkinson's Disease
24.	Rheumatoid Arthritis
25.	Schizophrenia
26.	Systemic Lupus Erythematosus
27.	Ulcerative Colitis

ADDITIONAL CONDITIONS COVERED

28.	Alzheimer's Disease (early onset)
29.	Ankylosing Spondylitis
30.	Attention Deficit Disorder (in children aged 5 -18)
31.	Barrett's Oesophagus
32.	Depression
33.	Eczema
34.	Gastro-Oesophageal Reflux Disease (GORD)

35.	Generalised Anxiety Disorder
36.	Gout
37.	Obsessive Compulsive Disorder
38.	Osteoporosis
39.	Paget's Disease
40.	Panic Disorder
41.	Polyarteritis Nodosa

42.	Pulmonary Interstitial Fibrosis
43.	Post-Traumatic Stress Disorder
44.	Scleroderma
45.	Tourette's Syndrome
46.	Zollinger-Ellison Syndrome

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BENEFIT BOOSTER

**GET UP TO
R6 000**

IN EXTRA BENEFITS

TO PAY FOR OUT-OF-HOSPITAL CLAIMS



WHAT IS THE BENEFIT BOOSTER?

It's an additional benefit amount that can be used to pay for eligible out-of-hospital claims once activated.

WHAT DOES IT COVER?

Once activated, out-of-hospital claims like GP visits, acute and over-the-counter medicine, blood tests, X-rays and more, will first pay from the available Benefit Booster amount, helping your savings or day-to-day benefits last longer.

How to activate your Benefit Booster



Simply complete the necessary health actions required by your plan to activate your Benefit Booster.

Action 1: Join B Value and complete your wellness screening

Register for B Value and complete your wellness screening at a Bonitas wellness day or an HRA preferred pharmacy. You can use the Provider Locator on our website to find a participating pharmacy near you.

Action 2: Complete a mental health assessment or get a flu vaccine during flu season

Complete an online mental health assessment through the Bonitas Member App or Member Zone, or get a flu vaccine during April and May.

To unlock the full potential of your Benefit Booster all at once, complete all your required actions in one go at a Bonitas wellness day or an HRA preferred pharmacy.

IF YOU ARE ON	Maximum amount per beneficiary		MAXIMUM AMOUNT PER FAMILY	LEVEL 1	LEVEL 2
	ADULT	CHILD			
BonClassic	R1 500	R750	R6 000	R1 000	R500

Ts & Cs apply. Child dependants under the age of 21 years can access the Benefit Booster once all adult beneficiaries have completed the 2 required actions. All claims are paid at the Bonitas Rate.

WE ADVISE YOU TO MAKE USE OF NETWORK PROVIDERS AND MEDICINE ON THE BONITAS FORMULARY TO AVOID CO-PAYMENTS

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MOTHERS & CHILD



MATERNITY PROGRAMME

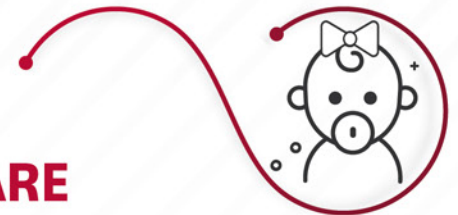
REGISTER FOR THE MATERNITY PROGRAMME AND GET:

- Access to 24/7 maternity advice line
- Dedicated maternity nurse/midwife to support and advise you throughout your pregnancy
- Access to articles regarding common pregnancy concerns
- Pregnancy education emails and SMSs sent to you weekly
- Online antenatal classes to prepare you for the birth and what to expect when you get home
- Baby bag including baby care essentials
- Early identification of high-risk pregnancies
- Weekly engagement for high-risk pregnancies
- Post-childbirth follow-up calls



MATERNITY CARE

- 12 antenatal consultations with a gynaecologist, GP or midwife
- R1 650 for antenatal classes
- 2 2D ultrasound scans
- 1 amniocentesis
- 4 consultations with a midwife after delivery (1 of these can be used for a consultation with an accredited lactation specialist)
- R210 per month for antenatal vitamins during pregnancy
(Paid from available savings or Benefit Booster, subject to formulary)



CHILDCARE

- Hearing screening for newborns up to 8 weeks, in or out-of-hospital
- Congenital hypothyroidism screening for infants under 1 month old
- Babyline: 24/7 helpline for medical advice for children under 3 years
- Immunisation (including reminders) according to the Private Vaccination schedule in South Africa up to the age of 12
- Milestone reminders for children under 3 years
- 2 vision screening tests by an ophthalmologist for premature newborns up to 6 weeks, in or out-of-hospital

BE BETTER BENEFIT



PREVENTATIVE CARE

- 1 HIV test and counselling per beneficiary
- 1 flu vaccine per beneficiary
- 1 full lipogram every 5 years, for members aged 20 and over
- 1 mammogram every 2 years, for women over 40
- 1 pap smear every 3 years, or 1 HPV PCR test every 5 years, for women between ages 21 and 65
- 1 prostate screening antigen test for men between ages 55 and 69
- 1 pneumococcal vaccine every 5 years, for members aged 65 and over
- 1 stool test for colon cancer, for members between ages 45 and 75
- 1 bone density screening every 5 years, for women aged 65 and over and men aged 70 and over
- Dental fissure sealants to prevent tooth decay on permanent teeth for children under 16
- 1 whooping cough booster vaccine every 10 years, for members between ages 7 and 64
- 2 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 9 and 14 (limited to 1 course per lifetime)
- 3 doses of the human papillomavirus (HPV) vaccine for female beneficiaries between ages 15 and 26 (limited to 1 course per lifetime)
- Free online hearing screening for beneficiaries aged 18 and over on the Bonitas website



WELLNESS BENEFIT

- 1 wellness screening per beneficiary, aged 21 and over, at a participating pharmacy or a Bonitas wellness day
- 1 network GP confirmation consultation per eligible beneficiary, within 14 business days of completing the wellness screening, to discuss the results, assess health risks and determine the appropriate next steps

Wellness screening includes the following tests:

- Blood pressure
- Cholesterol
- Glucose
- Body Mass Index
- Waist-to-hip ratio

Remember to complete all your required actions to unlock the full potential of your Benefit Booster (See page 7).



CONTRACEPTIVES

- R2 140 per family (for women aged up to 55)
- You must use a Bonitas Network Pharmacy or Designated Service Provider for pharmacy-dispensed contraceptives
- If you choose not to use a network pharmacy or Designated Service Provider, a 40% co-payment applies



CARE Programmes

Our range of Care Programmes is designed to support you at every stage of your health journey and help put you on the path to better health. From chronic conditions and diabetes to oncology and female health, these programmes provide the support, guidance and interventions you need to manage your health and get the best possible care.

Because when it comes to your health, early detection and timely intervention can make all the difference – helping to improve health outcomes, enhance quality of life and make your benefits last.

DIABETES MANAGEMENT



This programme offers you a personalised care plan for your specific needs and provides education to help you understand your condition better.

ONCOLOGY / CANCER



This programme offers you a range of valuable resources and support throughout your cancer journey.

HOSPITAL-AT-HOME



This alternative to general ward admission provides safe, quality care for appropriate acute medical conditions, in the comfort of your own home.

HIP AND KNEE REPLACEMENT



With this programme doctors evaluate and treat your condition before surgery to give you the best outcome.

HEARING LOSS MANAGEMENT



This programme offers quality treatment and hearing devices to members who are experiencing hearing loss.

CARE Programmes

MENTAL HEALTH



This programme aims to improve your quality of life and empowers you to manage your mental health condition more effectively.

FEMALE HEALTH



This programme is accessible to all female members aged 18 and above, with an emphasis on preventative care and early detection of female-specific health issues.

HIV/AIDS



This confidential programme is designed to help individuals with HIV/AIDS live longer, more productive lives and equip them with the treatment and care needed to lead fulfilled lives.

LIVE LEAN



This programme aims to assist identified and enrolled members to lose excess weight and lead healthier, more rewarding lives.



BACK, NECK, SHOULDER & KNEE REHABILITATION



This programme helps members manage chronic back, neck, shoulder and knee pain by addressing the cause of their pain and improving their quality of life.

OCULAR HEALTH



This programme promotes early detection and intervention for conditions such as diabetic retinopathy, glaucoma, cataracts and age-related macular degeneration. It provides access to appropriate care and support to help protect your vision and improve your overall eye health.



IN-HOSPITAL BENEFITS

This benefit offers cover for major medical events that result in a beneficiary being admitted to hospital. Members have access to cover at a private hospital. Pre-authorisation is required. A co-payment may apply to specific admissions and/or procedures. Managed Care protocols apply.

Please note: On this option you can avoid a 30% co-payment by using a hospital on the applicable network.

SPECIALIST CONSULTATIONS/TREATMENT	Unlimited, network specialists covered in full at the Bonitas Rate	Unlimited, non-network specialists paid at 100% of the Bonitas Rate
GP CONSULTATIONS/TREATMENT	Unlimited, covered at 100% of the Bonitas Rate	
BLOOD TESTS AND OTHER LABORATORY TESTS	Unlimited, covered at 100% of the Bonitas Rate	
X-RAYS AND ULTRASOUNDS	Unlimited, covered at 100% of the Bonitas Rate	
MRIs AND CT SCANS (SPECIALISED RADIOLOGY)	R39 430 per family, in and out-of-hospital	Pre-authorisation required
	R2 920 co-payment per scan event except for PMB	
ALLIED MEDICAL PROFESSIONALS (SUCH AS HOMEOPATHY AND ACUPUNCTURE)	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
PHYSIOTHERAPY AND BIOKINETICS	Unlimited, covered at 100% of the Bonitas Rate	Subject to referral by the treating practitioner
INTERNAL AND EXTERNAL PROSTHESES	R70 500 per family, unless PMB	Managed Care protocols apply
	Sublimit of R7 440 per breast prosthesis (limited to 2 per year)	
SPINAL SURGERY (ALSO SEE CARE PROGRAMMES PAGE 11)	Subject to an assessment and referral for spinal surgery through the Back, Neck, Shoulder and Knee Rehabilitation Programme	
HIP AND KNEE REPLACEMENTS (ALSO SEE CARE PROGRAMMES PAGE 10)	Avoid a R40 220 co-payment by using the DSP	
COCHLEAR IMPLANTS	R392 800 per family	
CATARACT SURGERY	Avoid a R7 740 co-payment by using the DSP	
MENTAL HEALTH HOSPITALISATION	R54 930 per family	No cover for physiotherapy for mental health admissions
	Avoid a 30% co-payment by using a hospital on the applicable network	
TAKE-HOME MEDICINE	Limited to a 7-day supply up to R630 per hospital stay	

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PHYSICAL REHABILITATION	R70 160 per family	
ALTERNATIVES TO HOSPITAL (HOSPICE, STEP-DOWN FACILITIES)	R22 500 per family	Managed Care protocols apply
PALLIATIVE CARE (CANCER ONLY)	Unlimited, subject to the DSP	Including hospice/private nursing, home oxygen, pain management, psychologist and social worker support
CANCER TREATMENT (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME – <i>SEE PAGE 10</i>)	Unlimited for PMBs	Avoid a 30% co-payment by using a DSP
PET SCANS (SUBJECT TO REGISTRATION ON THE ONCOLOGY MANAGEMENT PROGRAMME)	R350 550 per family for non-PMBs. Paid at 80% at a DSP and no cover at a non-DSP, once limit is reached.	
CANCER MEDICINE	Sublimit of R171 160 can be used for drugs (including biological drugs)	Sublimit of R65 820 per beneficiary for Brachytherapy
NON-CANCER SPECIALISED DRUGS (INCLUDING BIOLOGICAL DRUGS)	1 scan per family per year	Avoid a 25% co-payment by using a provider on the network
	Subject to Medicine Price List and preferred product list	Avoid a 20% co-payment by using a DSP
ORGAN TRANSPLANTS	R200 000 per family	
KIDNEY DIALYSIS	Unlimited	Sublimit of R44 550 per beneficiary for corneal grafts
HIV/AIDS (<i>ALSO SEE CARE PROGRAMMES PAGE 11</i>)	Unlimited	Avoid a 20% co-payment by using a DSP
DAY SURGERY PROCEDURES (APPLIES TO SELECTED PROCEDURES)	Unlimited, if you register on the HIV/AIDS programme	Chronic medicine must be obtained from the DSP
	Avoid a R5 670 co-payment by using a network day hospital	

ADDITIONAL BENEFITS

INTERNATIONAL TRAVEL BENEFIT	Up to R1.5 million cover per family for medical emergencies when you travel outside South Africa	You must register for this benefit prior to departure
AFRICA BENEFIT	In and out-of-hospital treatment covered at 100% of the Bonitas Rate	Subject to authorisation

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NOTES

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**VALUE
AND WELLBEING**

FREE AND EXCLUSIVE
TO BONITAS MEMBERS.

Make your wellness journey more rewarding. Earn rewards for healthy actions, access exclusive partner benefits and track your wellness – all in one place.

Register now at: www.bonitas.co.za/b-value

HEALTH



Supports your physical and mental wellbeing so you can always B well.

FINANCIAL



Focuses on your financial wellbeing – helping you save more, stress less and B savvy.

VOUCHERS



Rewards you for prioritising your health, because good habits should B valued.

INSIGHT



Provides access to essential health information to help you take charge of your health and B informed.

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